Shoulder Bankart Repair – Older Patient Post-op Protocol

This protocol is intended to be a general outline only. The physician reserves the right to either advance or delay this protocol as deemed necessary. If so, this should be done by direct communication with the therapist, or in writing on the therapy referral form given to the patient on the day of surgery.

0-2 Weeks Post-Op: General Guidelines
Precautions: No external rotation beyond 0°, no active biceps recruitment
Goals: Decrease pain, allow minimal passive motion, protect repair

• Patient should wear immobilizer sling with abduction wedge for first 4-6 weeks, or as directed by physician. Includes all ADL's and sleeping (remove for bathing).
• Starting on the day of surgery, patient will perform the following exercises as instructed by physician: pendulum exercises, scapular retraction, scapular depression, elbow curls without weight, and grip/wrist strengthening
• NO active glenohumeral movement
• One week after surgery, patient may begin light aerobic exercise (bike, walk) while wearing sling for cardiovascular fitness
• Ice for several times/day for pain and inflammation control

Week 2-4: Patient seen 2-3x/week
Goals by end of Week 4: PROM scaption to 120° supine, ER to 40° supine w/ arm at 30° abduction, IR to 50°
Precautions: No ER beyond 40° supine

• Continue use of abduction sling per physician
• Supine PROM for flexion, scaption, ER, and IR to torso
• Supine AAROM cane exercises for scaption, flexion, and ER to 40°
• Lawnmowers, Robbery, and table lift exercises
• Elbow curls without weight
• At Week 2, begin submaximal (50% effort) isometrics for shoulder musculature in standing or supine
• At Week 3, begin pulley exercises for AAROM in planes of flexion and scaption
• Soft tissue mobilization as needed for cervicoscapular muscle tension
• Scapular mobilization and isometrics in sidelying to promote proper scapulohumeral rhythm
• Prone shoulder retraction and extension to neutral
• Core strengthening exercises as indicated to promote proximal stability

Week 5-9: Patient seen 2-3 x/week
Goals by end of Week 9: Full supine PROM in all directions, IR to table in supine
Precautions: No ER beyond 75° in supine with arm abducted to 45°. Do not begin isotonic strengthening exercises until full PROM is achieved.

• Continue above exercises, working toward full ROM of shoulder in all planes, except limit ER to 75°as above. Begin gradually increasing abduction angle with ER PROM around Week 7.
• When full PROM and AAROM is achieved, begin AROM through full ranges of motion in gravity-neutral positions, progressing to anti-gravity.
• At Weight 8 or when full shoulder AROM achieved, add progressive weights for cuff strengthening as tolerated.

• Tubing exercises for shoulder retraction and IR at side
• Scapular setting exercises: closed-chain weight shifting on table, quadruped scapular sets and rhythmic stabilization
• Supine serratus anterior punches
• At Week 6, begin sidelying ER to 30° without weights
• At Week 6, begin IR towel stretch behind back and/or sleeper stretch
• At Week 8, begin prone middle trap and lower trap strengthening exercises with proper scapular control emphasized

Week 10-12: Patient seen 1-2x/week
Goals by Week 12: Full AROM with good scapulohumeral rhythm, improved deltoid and rotator cuff strength
Precautions: No ER past 80° with arm abducted to 45°
• Add towel stretch or sidelying "sleeper" stretch for IR ROM if needed
• Add resistance to ER – sidelying ER AROM with weight, ER with tubing in standing
• Closed-chain ball circles on wall at shoulder height
• Progressive weights with standing shoulder AROM
• PNF D1 and D2 diagonal AROM
• Bodyblade
• Tubing or pulley resisted flexion, horizontal abduction/adduction, lat pull downs
• Begin gradually increasing abduction angle with ER PROM around Week 12.

Week 12 to 6 Months Post – Op: Patient seen as needed
Goals for Discharge: Full strength of rotator cuff, deltoid, and parascapular muscles; 85° PROM ER at 90° abduction
• Add UE plyometric exercises with balls
• Pushups – begin on wall, then table, then floor (on knees)
• Facilitate return to weightlifting equipment for bilateral upper extremities with progressive weights
• At 5 months post-op: for racquet sports, initiate functional pattern exercises with tubing, pulley, free weights, etc.
• At 5 months post-op: for throwing sports, initiate throwing program as deemed appropriate by therapist and physician

Guidelines for Return to ADL's
Patient may return to work activities involving lifting around six months post-op, depending on the patient's specific task requirements. Patient must achieve full rotator cuff, deltoid, and parascapular strength and demonstrate ability to perform work duties or sport activities without pain and with proper form.

Permanent Contraindications
• Passive ER should never be performed past 90° by the therapist
• No incline, pushup, or flat bench press past neutral
• No shoulder dips
• No shoulder fly's
• No behind-the-head military press or lat pull-downs behind head